

# Federal Hotel and Motel Fire Safety Declaration Form

Use this form to report your property's compliance with the Hotel and Motel Fire Safety Act of 1990 (P.L. 101-391). Compliant properties will be added to the National Master List.

This form is being submitted to (check one):

- ☐ Add a previously unlisted property. ☐ Change an existing entry. FEMA Number: \_\_\_\_\_ ☐ Delete the following entry. FEMA Number: \_\_\_\_\_

**Bolded information is required.**

## Property Information

Federal Employer ID Number: \_\_\_\_\_

Property Manager: \_\_\_\_\_ Property Name: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Reservations Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Property E-mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

☐ Check this box for an **EXTENDED STAY PROPERTY** which requires a minimum stay of 30 + room nights.

☐ Check this box if your property is a **FEDERAL GOVERNMENT FACILITY**.

## Smoke Alarms

Each guest room is equipped with at least one hard-wired single station smoke alarm installed in accordance with National Fire Protection Association (NFPA) Standard 72 (see illustration at right for guidance).

Note: Smoke alarms that are solely battery operated do *not* qualify.

Check One:

☐ Yes ☐ No

(Copyright © 1991 NFPA. Excerpted with permission from NFPA Standard 72. See complete standard for full specifications.)

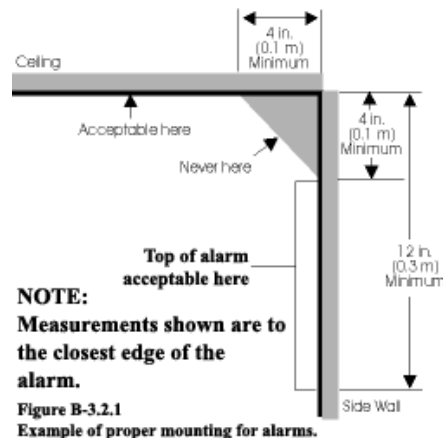
## Automatic Sprinkler Systems

(required unless 3 or fewer stories in height)

Number of Floors: \_\_\_\_\_

Check One:

- ☐ 1. This property is three or fewer stories in height and is therefore exempt from the Act's automatic sprinkler requirements.
- ☐ 2. **If sprinklers installed before October 25, 1992**--This property has an automatic sprinkler system installed in compliance with an applicable standard (adopted by the government authority having jurisdiction, and in effect, at the time of installation), provided such standard required the placement of a sprinkler head in the sleeping area of each guest room.
- ☐ 3. **If sprinklers installed on or after October 25, 1992**--This property has an automatic sprinkler system installed in accordance with NFPA Standard 13 or 13R, whichever is appropriate, in accordance with the requirements of the Act.
- ☐ 4. None of these statements apply to this property.



## Fax or Mail the completed form to the U.S. Fire Administration

I hereby attest that the information supplied on this form is true and accurate to the best of my knowledge and belief. Therefore, \_\_\_\_\_ (name of property) is entitled to be included in the national master list of public accommodations compiled by the United States Fire Administration and included in the Federal Travel Directory published by the General Services Administration. I understand that this information is subject to verification by Federal, State, and local fire authorities, and that I am subject to fines of up to \$10,000 and/or imprisonment for up to five years if I knowingly make false or fraudulent statements to the government.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Phone Number \_\_\_\_\_

For more information, contact the United States Fire Administration, 16825 S. Seton Ave. Emmitsburg, MD 21727  
Tel. (301) 447-1358, Fax (301) 447-1651